

# SREB

## Helping Families to Help Students:

*Kentucky's Family Resource  
and Youth Services Centers*

Southern  
Regional  
Education  
Board

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*“The Family Resource and Youth Services Centers  
have made the most difference of any part of KERA.”*

*“The Family Resource and Youth Services Centers  
have been extraordinarily positive.”*

— Kentucky legislators



*“My kids seem to like school more.  
They’re more involved, and it builds their self-esteem.  
The whole family has gotten closer.”*

*“She [the center coordinator] makes  
the kids want to go to school.”*

— parents

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This report was prepared by David R. Denton, SREB director of school readiness and reading.

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## *Kentucky's Family Resource and Youth Services Centers*

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*"I think a lot  
of children would  
be forgotten if  
it was not for the  
resource center."*

— local chamber of  
commerce executive director

The Kentucky Education Reform Act of 1990 (KERA) was a sweeping effort to reform public elementary and secondary education in the state. Many provisions were controversial, including a new statewide school-accountability system, a shift to school-based decision-making, multi-age classrooms in kindergarten through third grade, and efforts to create a more equitable system of school funding.

No aspect of the reform law was more controversial than the creation of Family Resource and Youth Services Centers. The program prompted considerable concern that the state was getting too involved in private family matters. Others believed that the program asked schools to do too much.

The program's goal is to help families and children find local solutions to nonacademic problems that interfere with student learning. Though the centers were expected to address a list of specified priority services, they were given substantial flexibility in how they did so. They also were expected to go beyond those required services to identify and respond to additional areas of local need.

Many of the provisions in KERA have been modified since 1990, but the Family Resource and Youth Services Centers program remains largely unchanged. After a decade of steady expansion, 710 centers serve 1,088 schools in 2000-2001 — 83 percent of all public schools in the state. The centers enjoy broad-based support in their communities and among state policy-makers. This report looks at the factors that have played a role in that success.

# What are Family Resource and Youth Services Centers?

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A public school in Kentucky is eligible for a Family Resource Center or a Youth Services Center if at least 20 percent of its students qualify for the federal free and reduced-price meals program. *Nine of every 10 schools in the state fall into that category.* Family Resource Centers serve families with children from birth to age 12 (elementary schools). Youth Services Centers serve families with children over age 12 (middle and high schools). Centers may serve more than one school, and a Family Resource Center and Youth Services Center may be combined to serve either birth through eighth grade or birth through 12th grade.

Although a school's eligibility for funding is based on the number of at-risk students, centers are not limited to serving those students and their families. Anyone residing in the area served by the school or schools may receive assistance, including families without children in school. The legislation stipulates, however, that "if resources are limited, students and families who are the most economically disadvantaged shall receive priority status for receiving services."

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## Facts and Figures, 2000-2001

Public schools in Kentucky:	1,303
Schools eligible for centers:	1,166 (89 percent)
Schools served by centers:	1,088 (83 percent)
Total centers:	710
358 Family Resource Centers (50 percent)	
208 Youth Services Centers (29 percent)	
144 combined centers (20 percent)	
Students in schools served:	518,000
(45 percent are eligible for free meals)	
Grants to centers:	\$46.3 million
(\$205 for each student who is eligible for free meals)	
Administration and support services:	\$1.4 million
Total program funding:	\$47.7 million

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## Core Components

### *Family Resource Centers*

- Full-time preschool/child care for 2- and 3-year-olds (at-risk 4-year-olds in Kentucky are served by either Head Start or the Kentucky Preschool Program, which also was established by KERA in 1990).
- After-school child care for children ages 4 through 12, with full-time care during the summer and whenever school is not in session.
- Support for new and expectant parents through home visits, peer support groups and monitoring to detect and address problems.
- Parent education and family literacy programs.
- Support and training for child-care providers.
- Direct provision of health services or referral to health services.

### *Youth Services Centers*

- Referrals to health and social services.
  - Employment counseling, training and placement for high school students.
  - Assistance in identifying opportunities for summer and part-time jobs.
  - Counseling for drug and alcohol abuse.
  - Counseling for family crises and mental health.
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The legislation defines the centers' mission broadly: "The centers shall provide services which will enhance students' abilities to succeed in school." It also specifies core components that every center is required to address. The two types of centers have different core components. (While both types can serve students and/or families, there is an implicit assumption that, with older students, the emphasis will shift more toward the students.)

Services may be provided in various ways. For example, the center might provide child care directly, might have contracts with local providers, or might use the list of local providers kept by the community's Child Care Resource and Referral Agency to help parents find available spaces.

Centers are expected to go beyond the core components in responding to each local community's needs. The range of a center's activities and the proportion of its effort spent on a particular area, including the core components, are determined locally and vary widely.

The legislation explicitly prohibits centers from providing abortion counseling or making referrals for those seeking abortions. This measure took a highly controversial issue off the table before it could become a focus of opposition to the program. Most centers have been extremely cautious in dealing with family planning of any sort.

To ensure that it is responsive to local needs, every center must have a **local advisory council** that plays a central role in designing and delivering services. At least one-third of the council members must be parents, and no more than one-third may be school district personnel.

*“There was opposition  
to the centers in  
the early years, but now  
they are accepted  
by legislators as being  
the most cost-effective  
strand of KERA. Once  
they identify a family  
with problems, they never  
turn loose. I wouldn't  
change anything.”*

— former legislator

Every center also must have a **full-time coordinator** and enough staff to implement the program design. The center coordinator's job qualifications are defined very broadly in the instructions for completing grant applications: “The coordinator is a critical ingredient in determining the success of a center, and it is crucial that this individual have the qualifications and characteristics necessary to implement the many responsibilities required of this position.” The coordinators report to the principals of the schools they serve, except when a single center serves more than one school, in which case the coordinator reports to the district superintendent. Experience has shown that support from the school principal is one of the most important factors in a center's success.

The most important change in the centers' relationships with the schools they serve came in 1999, when they were brought into a Department of Education initiative called **consolidated planning**. Under consolidated planning, each school develops one coordinated plan for all of its state-funded and federally funded programs, such as Title 1 (special education), education for gifted and talented students, and professional development. Including the Family Resources and Youth Services Centers in the consolidated-planning process was intended to align the centers' activities more closely with other school programs designed to improve student performance.

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Services Provided  
by One Family  
Resource Center

After-school special activities  
Birth certificates  
Child care  
Christmas assistance  
Clothing closet  
Dental assistance  
Drug/alcohol-abuse awareness  
Eyeglasses and exams  
Family literacy program  
Food (referrals and holiday assistance)  
Lice prevention and intervention  
Parenting programs  
Personal care items  
Readiness fair before school opens in fall  
Resource room for parents  
School supplies  
Transportation assistance  
Tutoring  
Referrals for utilities assistance

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**Funding** is based on the number of students who qualify for free meals in the schools that a center serves. (While students who qualify for reduced-price meals also are counted in determining a school's eligibility for a center, they are not counted in calculating funding.)

From 1991 to 1999, grants consisted of \$200 for each student who qualified for free lunch, with a minimum grant of \$10,000 a year and a maximum of \$90,000 per year. The minimum grant was increased to \$30,000 per year in 1999-2000 and to \$33,000 per year in 2000-2001.

Another, potentially more significant, funding change occurred in 2000, when the Legislature voted to apply the "general-fund growth factor" (an inflation-related increase in funding to state agencies) to the Family Resource and Youth Services Centers. For the 2000-2002 biennium, the growth factor was 2.4 percent. As a result, per-student funding increased to \$205, and annual grants to centers increased to a minimum of \$33,825 and a maximum of \$92,250. (These higher levels apply only after the initial year of funding. First-year centers still receive grants ranging from \$33,000 to \$90,000.)



*“The centers have had  
a positive influence  
on the community;  
they’re respected and  
they do a lot to  
help families. The  
people out there are  
well-known in the  
community, and people  
know they’re sincere.”*

— small-town  
newspaper editor

Increasing the minimum grant to \$33,825 means that the smallest centers receive 238 percent more funding than they did in 1991. For other centers, the 2.4 percent inflation-based increase means that funding is only marginally greater than it was when the program began 10 years ago. However, the future application of the inflation index guarantees at least modest increases for all centers on a regular basis.

The official reason for not increasing per-student funding between 1992 and 1999 was that the program’s first priority was to expand the number of centers until 100 percent of eligible schools were served. Even though total funding for the program increased from \$9.5 million in 1991 to \$48 million in 2000, 78 eligible schools (7 percent) still do not have centers, both because of limited funds and because some school systems have not sought funding.

School districts are expected to make **in-kind contributions** to the centers. Grant funds may be not used for any district oversight costs or to pay for the spaces occupied by the centers. School districts also typically pay for utilities, bookkeeping services, and maintenance and custodial services. Most centers also receive cash and in-kind contributions from civic and business sources in their communities. Several centers successfully have applied for grants to help them expand their services.

The Family Resource and Youth Services Centers program is the only KERA program that is managed by the Cabinet for Families and Children rather than by the Kentucky Department of Education. This administrative placement was intended to serve as a bridge between human services and education to foster collaboration among service providers.

The Office of Family Resource and Youth Services Centers recently has used its bridge capabilities to broaden the range of services provided and to expand the resources and training opportunities available to centers. One example is the Kentucky KinCare program, funded by a grant from the Brookdale Foundation. Begun in 1999, KinCare provides support groups for grandparents raising grandchildren; there were nine such groups as of 2000-2001. The Office of Family Resource and Youth Services Centers oversees this project in partnership with the state Office on Aging and the University of Kentucky Cooperative Extension Service.

The Office of Family Resource and Youth Services Centers also oversees Kentucky's 92 Parents as Teachers programs and is the official state affiliate of this national program. These programs provide services such as parent education in the home, support groups, and periodic assessments of the educational and physical development of children under age 3.

With a central office staff of nine people plus nine regional program managers, the Office of Family Resource and Youth Services Centers monitors the centers and provides technical assistance. The office offers orientation for new coordinators and training for center staff in various areas, such as screening for oral health, strengthening stepfamilies and promoting school safety. Regional "Family Connections" workshops help parents learn how to be more involved in their children's schools. All centers are required to report annually on their activities and on families and children served.

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*"I can't tell you a negative. It has really given us  
a bridge between agencies, between parents and between communities.  
Parents seem more comfortable talking to the Family Resource Center  
than they do [to] government agencies or school officials.  
It gives them the personal touch, and that has broken down  
some barriers that we had before."*

— high school principal

## Do the centers improve student performance? \_\_\_\_\_

Between 1992 and 1996, the Office of Family Resource and Youth Services Centers contracted with a private research group to evaluate the program. This research provided considerable information on how the centers operated and the services they provided. Among the findings were the following:

- Teachers felt that the performance of students served by the centers improved in terms of completing classwork and homework, following directions and obeying school rules, interacting with peers and cooperating with others. These changes tended to be greater for younger students than for adolescents.
- Teachers did *not* see improvements in class attendance or tardiness.
- Health services and referrals were the core services most frequently provided by Family Resource Centers (73 percent of families served).
- Health services and referrals also were the core services most frequently provided by Youth Services Centers (54 percent of families served), followed by counseling for family crises and mental health (43 percent of families served).
- Clothing assistance was the most common optional service provided by Family Resource Centers (41 percent of centers) and Youth Services Centers (24 percent of centers).

While teachers saw improvements in social behavior and learning behavior, the researchers did not have adequate data to make a clear link between the services provided by the centers and improved grades or test scores. The wide variation in the way centers operate makes it difficult to draw systemwide conclusions about their impact. Centers also serve very diverse populations, including some, but not all, of the students eligible for free and reduced-price meals, some students who are not “at-risk” and even some families without any children in school. Because of these variables, the results of the early research were “almost too complicated to synthesize usefully,” one observer said.

In considering how to measure the centers’ success, it is important to note that their mission as stated in the legislation — to “provide services which will enhance students’ abilities to succeed in school” — does not immediately suggest a clear set of services that can be tracked and analyzed easily. The fact that the law required each application for center funding to include “a plan to minimize stigma” (the

stigma of families' seeking outside help with their problems) suggests how intangible some of the Legislature's expectations of the program were.

In a 1997 summary report, *Bridges Over Barriers: Kentucky's Family Resource and Youth Services Centers*, the researchers concluded that:

“Taken together ... it appears that there is substantial evidence that the Family Resource and Youth Services Centers are fulfilling their mission as a central component of the Kentucky Education Reform Act (KERA) program.”

In a 1999 evaluation, the same researchers focused on a sample of 20 centers. This analysis, which was more detailed than the earlier statewide study, provided useful information on the families served by the centers:

- More than half (51 percent) of families served had annual incomes of less than \$10,000; 78 percent had incomes under \$20,000.
- Of the children served by the centers, 45 percent lived with both parents; 38 percent lived with their mothers only.
- Many parents (37 percent) in families served by the centers had not completed high school. Another 38 percent had high school diplomas or GEDs but no higher education.

The results of this new analysis were similar to the results of the previous analysis in terms of the centers' impact on student performance. Analysis of the services provided by the centers and of the perceptions of parents and teachers clearly suggested that these 20 centers effectively helped families and students deal with nonacademic problems that placed them “at risk for negative outcomes” in school. Once again, however, no overall connection could be established between the centers and objective measures of improved performance in school. The authors also concluded that the 20 centers studied were not necessarily representative of the entire program, so results did not describe overall program characteristics.

In light of the significant funding committed to the Family Resource and Youth Services Centers program, it might be expected that state policy-makers would demand more documentation of the centers' success than these studies provided. However, there has been little or no pressure for a more conclusive evaluation effort, largely because policy-makers' constituents believe the centers have contributed to their communities' well-being. The comments — from community residents and policy-makers alike — that are included in this report suggest how widespread this perception is. No one interviewed for this report had a negative overall view of the centers; only a few suggested that any changes at all might be

needed. Those few were concerned primarily with holding individual centers more accountable.

In its annual report for 2000, the Kentucky Office of Education Accountability, which was established in 1991 to monitor the implementation of KERA, concluded:

“Evidence is mounting that these [the centers’] services are making a difference in academic performance in areas with high proportions of at-risk students. For this reason, the rollout should continue in a prompt manner to serve all eligible schools. While this is occurring, the Cabinet for Families and Children, in conjunction with the Kentucky Department of Education, should set aside funding to undertake an aggressive research plan to validate the program’s effectiveness and fine-tune programming to meet the unique needs of schools.”

The report also concluded that bringing the Family Resource and Youth Services Centers into the consolidated-planning process was improving their relationships with the schools. The office found that most consolidated plans it reviewed in 2000 referred to the centers and clearly outlined their role in school improvement efforts. Consolidated planning has given the centers better information about what the schools are doing and has made school staff more aware of the centers and their mission, the office found. Consolidated planning may make it easier to identify a manageable set of variables that can be measured to determine the centers’ effect on student performance.

The University of Kentucky currently is developing a new evaluation plan for the Family Resource and Youth Services Centers program. The first phase of the new plan should be ready for review by the program office sometime in mid-2001.

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*“The centers are very popular with the public,  
and school principals love them. In my seven-year  
tenure, not a single complaint has come  
before the school board.”*

— superintendent of a large  
urban school district

## Lessons for other states

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The idea of getting children ready for school usually refers to their initial entry into formal schooling in kindergarten or first grade. However, the 1992 SREB report *Readiness for School: The Early Childhood Challenge* made the following observation:

*“I’ll lean over  
backward to fight  
against any efforts to  
tighten the regulations.  
That’s why they’re  
able to meet local  
needs so well.”*

— legislator

“If our children are ever to realize their full educational potential, they first must be assured the highest levels of physical and mental well-being possible. Children who must deal with illness, hunger, lack of family support or other forms of physical and mental deprivation may never be ready to make the most of first or any other grade.”

The fundamental goal of the Kentucky Family Resource and Youth Services Centers is to deal with problems outside the school that can keep students of all ages from devoting their full attention and energy to learning. Most Kentucky residents who are aware of the program believe it has succeeded in achieving this goal. The centers are seen as virtually indispensable by the communities they serve and by the policy-makers who represent them.

It is considerably more difficult, however, to establish a direct connection between the centers and statewide improvements in student performance in recent years. The centers’ popularity generally comes from their tendency to focus on finding individual solutions to individual needs rather than on implementing more broadly community-based activities that could affect more students.

This focus on the individual may be the most effective way to help children whose nonacademic problems put them at risk of school failure. However, it makes it more difficult to form a coherent picture of the whole program or to evaluate its effectiveness. One important question that probably never will be answered is whether the lack of any significant increases in per-student funding over the program’s first eight years limited the centers’ ability to build more broadly community-based programs. It also remains to be seen whether including the Family Resource and Youth Services Centers in schools’ consolidated planning will make such evaluation more feasible and whether it will result in significant changes either in the cen-

ters' independence from the schools or in the types of services they provide and the ways they provide them.

Policy-makers might draw several general conclusions from Kentucky's experience with the Family Resource and Youth Services Centers program:

- The younger the child, the easier it is to change negative learning behaviors.
- The key to finding local solutions for local needs is to be flexible in allowing individual centers to determine and address the needs of their communities.
- Do not expect all local programs to be of equal quality; a few relatively ineffective programs may be an unavoidable consequence of allowing enough flexibility for others to excel.
- Take the most potentially controversial issues off the table from the start (abortion counseling, in this case).
- Try to reach as much of the target population as quickly as possible without sacrificing too much quality; serving more people translates into more public awareness and support.

Those conclusions could be applied as easily to many other statewide initiatives as to the Family Resource and Youth Services Centers program. The most important lessons from Kentucky's experience may be that a program to which people in trouble can turn as a last resort can make a big difference for a community's most at-risk families and children and that such a program is extremely popular with the public.

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*“The centers are the most popular part of KERA.  
The flexibility they have is one of their greatest strengths  
but can also be a weakness. But abuses are rare,  
and you don't change a whole program to deal  
with a few abuses. My constituents like them a lot,  
and I feel they've improved children's readiness for school.”*

— legislator

## Do other states have family resource centers?

Few states have attempted to develop comprehensive programs to address nonacademic problems that can affect students' performance in school. In the SREB region, most states address student health issues in some form, but these efforts usually involve basic issues, such as requiring all students to have all appropriate immunizations, screening for vision or hearing problems, and providing guidelines for how school personnel should respond to emergencies.

**Florida** has one of the most extensive programs of school-based health services in the SREB region. All Florida school districts are required to work with county health departments to provide all students with basic health services. At the highest level of funding, some schools with high percentages of at-risk students also address social services. These **Full Service Schools** take various forms, and some are similar to the Kentucky Family Resource and Youth Services Centers in their approaches to their communities and in the services they provide.

**Tennessee** is the only SREB state that has attempted to develop a statewide network of Family Resource Centers that is comparable to Kentucky's in its breadth of mission, flexibility of operation and commitment to local control.

The Education Improvement Act of 1992 authorized school districts in Tennessee to establish **Family Resource Centers**. The program is designed to coordinate prevention and intervention programs and to establish collaborative partnerships with parents and community agencies. Tennessee's program shares many features with the Kentucky program, though state funding is more limited and there are far fewer centers — 104, compared with 710 in Kentucky. Like Kentucky, Tennessee requires every center to have a local advisory council with a high degree of flexibility in identifying local needs and setting priorities. Also like Kentucky, Tennessee allows centers to serve any family or child in the school's service area.

Unlike Kentucky, Tennessee has no criteria limiting schools' eligibility for funding. Any school district in Tennessee may apply for Family Resource Center funds. However, centers receive substantially lower funding in Tennessee than they do in Kentucky. Each Tennessee center receives \$33,300 per year, with a required minimum local contribution of \$16,700 (including in-kind contributions). As of 2000-2001, 104 centers serve 79 school districts in 65 counties — 57 percent of the state's districts and 68 percent of its counties. Total state funding is \$3.5 million per year and has not increased for several years. As a result, no new centers have been established, although many school districts would like them.

*(continued on page 14)*



## Do other states have family resource centers? (continued)

The Tennessee Department of Education administers the Family Resource Center program with one full-time staff person. Each center is required to submit an annual report, and its approval for funding must be renewed every three years.

As in Kentucky, the Tennessee Family Resource Centers face few restrictions on what services they provide or how they provide them. Their structures and services vary widely. A few centers visited for this report illustrate that variability. One is in a small city in a largely rural area, serves a single school and has only one staff member, whose office is in a remote area of the basement. The director reports to the school principal and functions as a kind of all-purpose aide. In addition to dealing with problems that occur outside school, she may be called on to help with problems that occur during the school day, such as helping to deal with a sick child or cleaning up a student who has had an "accident."

In sharp contrast, one major urban school district has funding for three centers and has made its Family Resource Center program the coordinating umbrella for virtually all non-academic services and outreach activities in which the system is involved. The three centers are quite different from one another. One closely resembles the Kentucky centers; it provides various services to the entire population served by the school district. Another is in a large housing project (residents' children attend six different schools) and focuses on that particular community's needs. The third serves primarily as a vocational education center. Its focus is on helping older students and adults obtain job skills.

For more information about the Kentucky Family Resources and Youth Services Centers, contact the program office at (502) 564-4986 or visit the program's Internet site at <http://cfc.state.ky.us/agencies/FRYSC/>.

For more information about the Tennessee Family Resource Center program, contact Jan Bushing at the Tennessee Department of Education, (615) 741-0345. For more information about the Florida Full Service Schools program, contact Sylvia Byrd at the Florida Department of School Health, (850) 245-4445.

